U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF			IN CO	RKS OF	FICE		COURT CASE NUM	BER		
UNITED	STATES OF	AMERI			IUE		MBO #C4-	MC-10	246 36	
DEFENDANT				P 28 P	3- 20		TYPE OF PROCESS	me .		
GENERAL	ENTERPRI	SES, I	NC.	1 20 P	¥ 30		ORDER TO	SHOW C	AUSE	
SERVE	Konal	d P. T	CIMPSTRI	residen	ETC., TO SERVE OF General Code and ZIP Code)	DESCRI al E	PTION OF PROPERTY	TO SEIZE OF	CONDEMN	
AT	180 E	Barnaby	Street	, Fall	River, MA	02	720			
SEND NOTICE	OF SERVICE CO	PY TO REQU	ESTER AT N	AME AND AL	DDRESS BELOW:	Numbe	r of process to be			
TA TO A DI A LANGUETI						I served with this Form - 285				
patricia M. Connolly, AUSA U.S. Attorney's Office 1 Courthouse Way - Suite 9200 Boston, MA 02210							Number of parties to be served in this case			
							Check for service on U.S.A.			
	RUCTIONS OR O				ST IN EXPEDITING	SERVICE	E (Include Business and	A dernate A	ddresses, All	
Fold								~	Fold	
					10/15	-	ag dar till davi	71		
	Please s	erve o	n or be	fore _	10/15		, 2004 <u>]</u>	>		
							- 11.0 m	- 70 01		
							14	'		
Signature of Attor	rney or other Origir	nator requesting	service on beh	alf of:	The same of the same	TELEP	HONE NUMBER	DATE		
5 gnature of Actor		. / .	. /	(X PLAINTIFF	100	17) 748-328:	844	7/04	
		1 . 6 6.1	<u> </u>	· · · · · · · · · · · · · · · · · · ·	☐ DEFENDANT	3 (3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	17, 740 320		7,04	
SPACE B	ELOW FOR	R USE O	F U.S. M	ARSHAL	ONLY — DO	NOT	WRITE BELO	OW THI	S LINE	
I acknowledge re- number of proces (Sign only first than one USM 28	s indicated. USM 285 if more	Total Process	District of Origin No.	District to Serve	Signature of Author	^	S Deputy or Clerk		Date 9/15/J	
			//	*			shown in "Remarks", th			
☐ I hereby cert	ify and return that	I am unable	to locate the i	ndividual, con	pany, corporation, et	named	above (See remarks be	:low)		
Name and title (of individual serve	d (if not show	n above)	<u> </u>				suitable age		
							cretion then usual place		e defendant's	
Address (complet	te only if different to	han shown abo	ve)			77.11	Date of Service	Tine	< c am	
							9/22/14	1/2	pm	
							Signature of U	Marshal or		
							7/	won	\sim	
Hervice Fee)	Total Mileage Cl			tal Charges	Advance Deposits	Amount o	wed to U.S. Marshal or		Refund	
REMARKS:	la Tripp	Seans	1400	epted	se avich	180	4:5 5	on.		
Tip 5	e - 4l	ar he	red 6	out le	ing w	H	e forthe	1		